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I was wondering about rather than focusing on a change in any **one** potential biomarker of effect (eg LDL) why can't we take a more global view of a prep and look at what eg Framingham or the Chinese report that I commented on from the recent JAMA article. We could look at all of the currently 'accepted' biomarkers of effect and try to develop an indicator or pattern change for **each** subject, giving appropriate weight to these biomarkers. Since we don't know which smoke constituents and in which subjects there might be some change and the fact that when it comes to something like CVD, which has at least 300 risk factors, not all the subjects will be the same in terms of background and ongoing events(eg normalizing for age, sex, socioeconomic factors only gets you so far) what are the prospects for such an approach being of value? Any way this a an early Sunday morning thought. Richard

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